

## Application Data Sheet

### Application Information

|                                     |   |
|-------------------------------------|---|
| Application Type::                  | Regular   |
| Subject Matter::                    | Utility   |
| Suggested Classification::          |   |
| Suggested Group Art Unit::          |   |
| CD-ROM or CD-R?::                   | None  |
| Number of CD disks::                |   |
| Number of Copies of CDs::           |   |
| Sequence Submission?::              | None  |
| Computer Readable Form (CRF)::      | No  |
| Number of copies of CRF::           | 0   |
| Title::                             | NEW BENZAZEPINE DERIVATIVES,<br>DRUGS CONTAINING THESE AND USE<br>OF THE SAME FOR PRODUCING DRUGS |
| Attorney Docket Number::            | 4301-1064-1   |
| Request for Early<br>Publication?:: | No  |
| Request for Non-Publication?::      | No  |
| Suggested Drawing Figure::          |   |
| Total Drawing Sheets::              | 0   |
| Small Entity?::                     | No  |
| Latin Name::                        |   |
| Variety Denomination Name::         |   |
| Petition Included?::                | No  |
| Petition Type::                     |   |
| Licensed US Gov't Agency::          |   |
| Contract or Grant Numbers::         |   |
| Secrecy Order in Parent<br>Appl.?:: | No  |

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: AUSTRIA  
Status:: Full Capacity  
Given Name:: LASZLO  
Middle Name::  
Family Name:: CZOLLNER  
City of Residence:: NEUFELD  
State or Province of Residence::  
Country of Residence:: AUSTRIA  
Street of Mailing Address:: LANDEGGERSTRASSE 7

City of Mailing Address:: NEUFELD  
State or Province of Mailing Address::  
Country of Mailing Address:: AUSTRIA  
Postal or Zip Code of Mailing Address:: A-2491

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: AUSTRIA  
Status:: Full Capacity  
Given Name:: JOHANNES  
Middle Name::  
Family Name:: FROHLICH  
City of Residence:: WIEN  
State or Province of Residence::  
Country of Residence:: AUSTRIA  
Street of Mailing Address:: ARBEITERGASSE 50

City of Mailing Address:: WIEN  
State or Province of Mailing Address::  
Country of Mailing Address:: AUSTRIA  
Postal or Zip Code of Mailing Address:: A-1050

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: AUSTRIA  
Status:: Full Capacity  
Given Name:: ULRICH  
Middle Name::  
Family Name:: JORDIS  
City of Residence:: WIEN  
State or Province of Residence::  
Country of Residence:: AUSTRIA  
Street of Mailing Address:: HOFZEILE 6

City of Mailing Address:: WIEN  
State or Province of Mailing Address::  
Country of Mailing Address:: AUSTRIA  
Postal or Zip Code of Mailing Address:: A-1190

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: AUSTRIA  
Status:: Full Capacity  
Given Name:: BERNHARD  
Middle Name::  
Family Name:: KUENBURG  
City of Residence:: WIEN  
State or Province of Residence::  
Country of Residence:: AUSTRIA  
Street of Mailing Address:: BILLROTHSTRASSE 39/3/10

City of Mailing Address:: WIEN  
State or Province of Mailing Address::  
Country of Mailing Address:: AUSTRIA  
Postal or Zip Code of Mailing Address:: A-1190

**Correspondence Information**

Correspondence Customer Number:: 000466

**Representative Information**

|                                  |        |
|----------------------------------|--------|
| Representative Customer Number:: | 000466 |
|----------------------------------|--------|

**Domestic Priority Information**

|                  |                   |                      |                      |
|------------------|-------------------|----------------------|----------------------|
| Application::    | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
| This application | Division of       | 09/242,339           | 2/11/99              |
| 09/242,339       | National Stage of | PCT/AT97/00074       | 4/21/97              |

**Foreign Priority Information**

|           |                      |               |                    |
|-----------|----------------------|---------------|--------------------|
| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
| AUSTRIA   | A 716/96             | 4/19/96       | Yes                |
|           |                      |               |                    |

**Assignment Information**

Assignee Name:: SANOCHEMIA LTD.  
Street of Mailing Address:: 136, ST. CHRISTOPHER STREET  
  
City of Mailing Address:: VELETTA  
State or Province of Mailing Address::  
Country of Mailing Address:: MALTA  
Postal or Zip Code of Mailing Address::